

**Fill in this information to identify the case:**Debtor name **The Gateway Development Group, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**Case number (if known) **21-22304-rdd**☒ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>CONNECTICUT DEPT OF LABOR 200 FOLLY BROOK BOULEVARD WETHERSFIELD, CT 06109</b>	<b>\$150.00</b>	<b>\$150.00</b>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred		
	Basis for the claim: <b>Underpaid unemployment insurance</b>		
	Last 4 digits of account number <b>2200</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>NEW YORK STATE THRUWAY VIOLATIONS PROCESSING CENTER PO BOX 15186 ALBANY, NY 12212-5186</b>	<b>\$58.83</b>	<b>\$58.83</b>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred		
	Basis for the claim: <b>Violation Numbers T117488168937-00001 &amp; T117488168937-TSURC</b>		
	Last 4 digits of account number <b>2659</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.3	Priority creditor's name and mailing address <b>NYS DEPT OF ENVIRONMENTAL CONSERVATION          PO BOX 784971          PHILADELPHIA, PA 19178-4971</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$140.04</b>	<b>\$140.04</b>
Date or dates debt was incurred		Basis for the claim: <b>Annual fee</b>		
Last 4 digits of account number <b>4313</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.4	Priority creditor's name and mailing address <b>TOWN OF GREENBURGH          PO BOX 3002          GREENWICH, CT 06836-3002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$26.33</b>	<b>\$26.33</b>
Date or dates debt was incurred		Basis for the claim: <b>2021 Motor Vehicle Tax for 2003 Ford Econoline</b>		
Last 4 digits of account number <b>4111</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.5	Priority creditor's name and mailing address <b>TOWN OF GREENBURGH          PO BOX 3002          GREENWICH, CT 06836-3002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$46.32</b>	<b>\$46.32</b>
Date or dates debt was incurred		Basis for the claim: <b>2019 Motor Vehicle Tax for 2003 Ford Econoline</b>		
Last 4 digits of account number <b>9301</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.6	Priority creditor's name and mailing address <b>TOWN OF GREENBURGH          PO BOX 3002          GREENWICH, CT 06836-3002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$63.31</b>	<b>\$63.31</b>
Date or dates debt was incurred		Basis for the claim: <b>2021 Motor Vehicle Tax for 2002 Chevrolet Silverado</b>		
Last 4 digits of account number <b>4110</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

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3.1	Nonpriority creditor's name and mailing address <b>1162 EAST PUTNAM LLC ONE GREENWICH OFFICE PARK SOUTH, SUITE 350 GREENWICH, CT 06831</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b><u>Over funding of project and claim for excess billing</u></b> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>\$45,810.81</b>
3.2	Nonpriority creditor's name and mailing address <b>3030 WESTCHESTER REALTY LLC ONE GREENWICH OFFICE PARK SOUTH, SUITE 350 GREENWICH, CT 06831</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b><u>Claims for excess billing</u></b> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>\$59,830.62</b>
3.3	Nonpriority creditor's name and mailing address <b>415 GA ACQUISITION LLC ONE GREENWICH OFFICE PARK SOUTH, SUITE 350 GREENWICH, CT 06831</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b><u>Over funding of project and claims for excess billing</u></b> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>\$87,424.19</b>
3.4	Nonpriority creditor's name and mailing address <b>415 GA ACQUISITION LLC ONE GREENWICH OFFICE PARK SOUTH, SUITE 350 GREENWICH, CT 06831</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b><u>Claim for construction management fees pursuant to Arbitration Award</u></b> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>\$120,000.00</b>
3.5	Nonpriority creditor's name and mailing address <b>ALTICE USA ATTN: SHARED SERVICES 1111 STEWART AVENUE BETHPAGE, NY 11714</b> Date(s) debt was incurred ____ Last 4 digits of account number <b><u>3016</u></b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b><u>Optimum Internet Services</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$508.25</b>
3.6	Nonpriority creditor's name and mailing address <b>BERGER HARDWARE 43 NORTH MAIN STREET PORT CHESTER, NY 10573</b> Date(s) debt was incurred ____ Last 4 digits of account number <b><u>3928</u></b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13.95</b>
3.7	Nonpriority creditor's name and mailing address <b>BURNS CONSTRUCTION CO., INC. 300 SPERRY AVENUE STRATFORD, CT 06615</b> Date(s) debt was incurred ____ Last 4 digits of account number <b><u>2980</u></b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,211.15</b>

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3.8 Nonpriority creditor's name and mailing address  
**CAINE & WEINER**  
**338 HARRIS HILL ROAD #206**  
**BUFFALO, NY 14221**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number 4730

As of the petition filing date, the claim is: Check all that apply. \$0.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Collection agency for Otis Elevator Company

**NOTICE ONLY**

Is the claim subject to offset? ☒ No ☐ Yes

3.9 Nonpriority creditor's name and mailing address  
**CONN-PROFESSIONAL WATER**  
**SERVICES, LLC**  
**70 NEW HAVEN ROAD**  
**SEYMOUR, CT 06483**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number 3471

As of the petition filing date, the claim is: Check all that apply. \$4,135.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Services rendered

Is the claim subject to offset? ☒ No ☐ Yes

3.10 Nonpriority creditor's name and mailing address  
**DAN'S CARPET TRENDS, LLC**  
**61 ABERDEEN STREET**  
**STAMFORD, CT 06902**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number 1043

As of the petition filing date, the claim is: Check all that apply. \$684.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Services rendered

Is the claim subject to offset? ☒ No ☐ Yes

3.11 Nonpriority creditor's name and mailing address  
**DESIGN GLASS & MIRROR LLC**  
**404 W. PUTNAM AVENUE**  
**GREENWICH, CT 06830**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number 4120

As of the petition filing date, the claim is: Check all that apply. \$131,824.69

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

Basis for the claim: Construction services and materials

Is the claim subject to offset? ☒ No ☐ Yes

3.12 Nonpriority creditor's name and mailing address  
**EAST HAVEN BUILDERS SUPPLY**  
**PO BOX 120280**  
**EAST HAVEN, CT 06512**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number 0476

As of the petition filing date, the claim is: Check all that apply. \$300.42

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Construction services

Is the claim subject to offset? ☒ No ☐ Yes

3.13 Nonpriority creditor's name and mailing address  
**FOLEY'S PUMP SERVICE, INC.**  
**30 MIRY BROOK ROAD**  
**DANBURY, CT 06810**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number 3887

As of the petition filing date, the claim is: Check all that apply. \$4,371.55

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Services rendered

Is the claim subject to offset? ☒ No ☐ Yes

3.14 Nonpriority creditor's name and mailing address  
**GATEWAY KENSINGTON LLC**  
**ONE GREENWICH OFFICE PARK**  
**SOUTH, SUITE 350**  
**GREENWICH, CT 06831**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply. Unknown

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Basis for the claim: Possible claim for construction work that was warranted by the Debtor and for which claims have been asserted and other possible claims that are subject to investigation.

Is the claim subject to offset? ☐ No ☒ Yes

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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>GATEWAY KENSINGTON LLC</b> <b>ONE GREENWICH OFFICE PARK</b> <b>SOUTH, SUITE 350</b> <b>GREENWICH, CT 06831</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$862,750.12</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Excess billing related to staff and labor</b></u>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>GOSHEN PLAZA ASSOCIATES LLC</b> <b>ONE GREENWICH OFFICE PARK</b> <b>SOUTH, SUITE 350</b> <b>GREENWICH, CT 06831</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$32,554.92</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Claims for excess billing</b></u>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>GREENWICH PREMIER SERVICES</b> <b>2 DEARFIELD DRIVE, SUITE 3</b> <b>GREENWICH, CT 06831</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$171,605.91</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Unpaid rent and unpaid office related expenses</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>H&amp;W DOOR &amp; HARDWARE, INC.</b> <b>70 RED SCHOOLHOUSE ROAD</b> <b>CHESTNUT RIDGE, NY 10977</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u><b>1687</b></u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$448.67</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>HINCKLEY ALLEN &amp; SNYDER LLP</b> <b>20 CHURCH STREET, 18TH FLOOR</b> <b>HARTFORD, CT 06103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$47,912.37</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Legal fees</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>HOUSE OF WARMTH</b> <b>449 DANBURY ROAD</b> <b>NEW MILFORD, CT 06776</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u><b>7070</b></u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$1,813.73</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>ILEX ARCHITECTURAL LIGHTING</b> <b>82 STEVENS STREET</b> <b>EAST TAUNTON, MA 02718</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u><b>4039</b></u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$720.00</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.22	Nonpriority creditor's name and mailing address <b>INTERIOR DRYWALL SYSTEMS 18 CALLAHAN LANE EAST HARTFORD, CT 06118</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>A1A2</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services rendered</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
3.23	Nonpriority creditor's name and mailing address <b>INTERSTATE &amp; LAKE LAND LUMBER CORP. PO BOX 4297 GREENWICH, CT 06831</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>9660</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10.67</b>
3.24	Nonpriority creditor's name and mailing address <b>JAMES CARNICELLI, JR. 14 DUNHAM ROAD SCARSDALE, NY 10583</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.25	Nonpriority creditor's name and mailing address <b>JAMES R. ANDERSON, ESQ. 600 MAMARONECK AVENUE, STE 400 HARRISON, NY 10528</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Attorney for Seymour Jean LLC</b> <b>NOTICE ONLY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.26	Nonpriority creditor's name and mailing address <b>JOHN CALOROSI 136 ALPINE STREET STAMFORD, CT 06901</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
3.27	Nonpriority creditor's name and mailing address <b>JOHN FARERI 559 STEAMBOAT ROAD, UNIT A-2 GREENWICH, CT 06830</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.28	Nonpriority creditor's name and mailing address <b>L&amp;A CONSTRUCTION 251 SPRING STREET OSSINING, NY 10562</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>269</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Construction services and materials</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51,640.00</b>

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3.29	Nonpriority creditor's name and mailing address <b>LEVITT L.P. ATTN: STEVEN LEVITT, ESQ. 129 FRONT STREET MINEOLA, NY 11501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Arbitration award legal fees</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.30	Nonpriority creditor's name and mailing address <b>LUIS MASONRY LLC 110 GRASSY PLAIN STREET BETHEL, CT 06801</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,350.00</b>
3.31	Nonpriority creditor's name and mailing address <b>M.A.R.S. ELECTRIC LLC 21 DIAMOND AVENUE BETHEL, CT 06801</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>5568</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Construction services rendered</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,423.02</b>
3.32	Nonpriority creditor's name and mailing address <b>MARK MAY'S GARAGE DOOR STORE 1612 MAIN STREET PEEKSKILL, NY 10566</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$140.00</b>
3.33	Nonpriority creditor's name and mailing address <b>MILLENIUM STONE LTD 1 MILL STREET PORT CHESTER, NY 10573</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>5776</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,700.00</b>
3.34	Nonpriority creditor's name and mailing address <b>MUSE INTERIORS 215 EAST PUTNAM AVENUE COS COB, CT 06807</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>HARG</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Electrical fixtures</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$289.81</b>
3.35	Nonpriority creditor's name and mailing address <b>NATIONS ROOF 85 E I-65 SERVICE ROAD SOUTH SUITE 300 MOBILE, AL 36606</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>13NY</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$820.72</b>

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3.36	Nonpriority creditor's name and mailing address <b>OLD TRACK PROPERTIES LLC ONE GREENWICH PARK SOUTH SUITE 350 GREENWICH, CT 06831</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Over funding of project and claims for excess billing</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<u>\$8,794,065.40</u>
3.37	Nonpriority creditor's name and mailing address <b>OTIS ELEVATOR COMPANY 10 FARM SPRINGS ROAD FARMINGTON, CT 06032</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,208.93</u>
3.38	Nonpriority creditor's name and mailing address <b>PASTORE &amp; DAILEY LLC ATTN: JOSEPH PASTORE III, ESQ. 4 HIGH RIDGE PARK, 3RD FL STAMFORD, CT 06905</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.39	Nonpriority creditor's name and mailing address <b>PKF O'CONNOR DAVIES, LLP 300 TICE BOULEVARD, STE 315 WOODCLIFF LAKE, NJ 07677</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,750.00</u>
3.40	Nonpriority creditor's name and mailing address <b>ROCCIE'S ASPHALT PAVING PO BOX 4500 STAMFORD, CT 06907</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Landscaping/Pavers</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,650.00</u>
3.41	Nonpriority creditor's name and mailing address <b>ROCCO V. D'ANDREA INC. SIX NEIL LANE PO BOX 549 RIVERSIDE, CT 06878</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>09SQ</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,701.25</u>
3.42	Nonpriority creditor's name and mailing address <b>SEYMOUR JEAN LLC 15 KENSINGTON ROAD, UNIT 112 BRONXVILLE, NY 10708</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Plaintiff in contract civil action</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>



Debtor The Gateway Development Group, Inc.  
Name

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3.43 Nonpriority creditor's name and mailing address  
**STUDIO M DESIGNS**  
**265 PATRIOT ROAD**  
**SOUTHBURY, CT 06488**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* \$450.00  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: Services rendered  
Is the claim subject to offset? ☒ No ☐ Yes

3.44 Nonpriority creditor's name and mailing address  
**SUNRISE CREDIT SERVICES INC.**  
**PO BOX 9100**  
**FARMINGDALE, NY 11735-9100**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number 3767

As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: Collection agency for Optimum/Altice

**NOTICE ONLY**

Is the claim subject to offset? ☒ No ☐ Yes

3.45 Nonpriority creditor's name and mailing address  
**TACONIC HEATING & COOLING CORP**  
**9 DOGWOOD ROAD**  
**CORTLANDT MANOR, NY 10567**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number AIA1

As of the petition filing date, the claim is: *Check all that apply.* \$21,905.50  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: Construction services rendered  
Is the claim subject to offset? ☒ No ☐ Yes

3.46 Nonpriority creditor's name and mailing address  
**TACONIC HEATING & COOLING CORP**  
**9 DOGWOOD ROAD**  
**CORTLANDT MANOR, NY 10567**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* \$159,177.11  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: HVAC services  
Is the claim subject to offset? ☒ No ☐ Yes

3.47 Nonpriority creditor's name and mailing address  
**THE RAFFUEL SURETY GROUP**  
**15 CHAMBERS STREET**  
**PRINCETON, NJ 08542**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number 2714

As of the petition filing date, the claim is: *Check all that apply.* \$3,654.00  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: Discharge of mechanics lien bond  
Gateway Kensington LLC  
Lien of Westchester Stucco  
Is the claim subject to offset? ☒ No ☐ Yes

3.48 Nonpriority creditor's name and mailing address  
**THE STEAMBOAT ROAD PROPERTY**  
**ONE GREENWICH OFFICE PARK**  
**SOUTH, SUITE 350**  
**GREENWICH, CT 06831**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* \$236,437.46  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: Over funding of project and claims for excess billing  
Is the claim subject to offset? ☒ No ☐ Yes

3.49 Nonpriority creditor's name and mailing address  
**UNITED RENTALS**  
**PO BOX 100711**  
**ATLANTA, GA 30384-0711**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number 5001

As of the petition filing date, the claim is: *Check all that apply.* \$210.04  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

Debtor The Gateway Development Group, Inc.  
Name

Case number (if known) 21-22304-rdd

3.50	Nonpriority creditor's name and mailing address <b>VERIZON BANKRUPTCY ADMINISTRATION 500 TECHNOLOGY DRIVE STE 550 WELDON SPRING, MO 63304</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>0199</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Telephone services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$206.23</u>
3.51	Nonpriority creditor's name and mailing address <b>VIRTUAL MEDIA 3D 87, RUE MAURICE-AVELINE, STE 4 SAINTE-ADELE, QUEBEC J8B 2M8, CANADA</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>561</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,100.00</u>
3.52	Nonpriority creditor's name and mailing address <b>VITOLITE ELECTRIC SALES CO. 24 KING STREET PORT CHESTER, NY 10573</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>6672</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$212.96</u>
3.53	Nonpriority creditor's name and mailing address <b>WB MASON PO BOX 981101 BOSTON, MA 02298-1101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Office Supplies</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$79.53</u>
3.54	Nonpriority creditor's name and mailing address <b>WELBY BRADY &amp; GREENBLATT LLP 11 MARTINE AVENUE, 15TH FLOOR WHITE PLAINS, NY 10601</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Legal fees in connection with Westchester Stucco Inc. action</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$250.00</u>
3.55	Nonpriority creditor's name and mailing address <b>WESTCHESTER ELECTRICAL SYSTEMS ONE GREENWICH OFFICE PARK SOUTH, SUITE 350 GREENWICH, CT 06831</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Possible claim for construction work that was warrantied by the Debtor in connection with The Steamboat Road Property.</u>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<u>Unknown</u>
3.56	Nonpriority creditor's name and mailing address <b>WESTCHESTER ELECTRICAL SYSTEMS ONE GREENWICH OFFICE PARK SOUTH, SUITE 350 GREENWICH, CT 06831</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Claim for excess billing</u>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<u>\$64,922.42</u>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	\$	484.83
5b. Total claims from Part 2	+	10,952,075.40
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$	10,952,560.23